



**Department of
Veterans Affairs**

Office of Public Affairs
Media Relations

Washington, DC 20420
(202) 273-6000
www.va.gov

Qs & As

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VA's 2009 Proposed Enrollment Decision

If Public Law 110-329 provided VA with additional funding, then why isn't enrollment open to all veterans?

The law allows VA to provide care to the extent that resources are available. PL 104-262 requires the Secretary of Veterans Affairs to determine annually whether VA has sufficient resources to enroll veterans. The additional funding is to allow expanding enrollment opportunity for certain veterans who may have been previously denied enrollment in VA's health care system because their income exceeded VA's means test thresholds. The new provision allows veterans whose incomes do not exceed these thresholds by more than 10 percent to enroll in VA's health care system. It is anticipated that this rule will take effect in June 2009.

Is VA amending its regulations regarding enrollment in the VA health care system?

Yes. In particular, it is proposed that VA establish additional subpriorities within enrollment priority category 8 and provide that beginning on the effective date of the regulation, VA would enroll priority category 8 veterans whose income exceeds the current means test threshold (MTT) and geographic means test income thresholds (GMTT) by 10 percent or less. These veterans will be placed in Priority Group 8b or 8d. These changes do not open enrollment to all Priority 8 veterans.

Which veterans make up the *new* Priority Groups 8b and 8d?

On the effective date of the regulation, a veteran who applies for enrollment, who does not qualify for a higher priority group and whose income exceeds the MTT or GMTT by 10% or less will be placed in priority group 8b (if the veteran is 0% service-connected, non-compensable) or 8d (if the veteran is non service-connected).

What happens to these veterans prior to the new regulation effective date?

Prior to the effective date of the rule, a veteran who applies for enrollment, who does not qualify for a higher priority group and whose income exceeds the MTT or GMTT by 10% or less will continue to be placed in priority group 8e (if the veterans in 0% service-connected, non-compensable) or 8g (if the veteran is non service-connected). For those veterans who apply on or after January 1, 2009 and are placed into a rejected priority group due to income, VA enrollment correspondence will indicate that VA will re-determine enrollment after the effective date of the new rule.

Which veterans make up Priority Group 8e and 8g?

Veterans in Priority Group 8e (0% service-connected, non-compensable) and 8g (non service-connected) have incomes that exceed \$29,402 in 2009 for a single veteran and \$35,284 for a veteran with a single dependent and that also exceed a geographically

based income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits. Information about the geographic income thresholds is available at

<http://www.va.gov/healtheligibility/Library/pubs/GMTIncomeThresholds/>.

Information about the VA national income thresholds is available at

<http://www.va.gov/healtheligibility/Library/pubs/VAIncomeThresholds/>.

Veterans in Priority Group 8e or 8g remain restricted from VA healthcare enrollment.

Do veterans who were previously rejected, need to reapply for enrollment?

The VA Health Eligibility Center (HEC) will re-determine the enrollment status of those veterans who applied but were rejected for enrollment due to income after January 1, 2009 on the effective date of the new provision. If the application for enrollment was rejected prior to January 1, 2009, and it is believed that income would fall within the new thresholds based on their calendar year 2008 household income, then veterans are encouraged to re-apply.

Why do veterans who applied prior to January 1, 2009 and were previously rejected need to apply again?

Those veterans who applied but were rejected for enrollment prior to January 1, 2009 and who believe their income would fall within the new thresholds should reapply. The reason why they should reapply is that the enrollment determination will be based on their 2008 income data.

If a veteran cannot be enrolled due to VA's enrollment restriction, can he or she still be eligible for VA hospital and outpatient care?

A veteran who is not enrolled will still be eligible for hospital and outpatient care for:

- Conditions related to military sexual trauma;
- Head or neck cancer related to nose or throat radium treatment while in the military;
- Readjustment counseling services (e.g. Vet Centers);
- Treatment related to service-connected conditions;
- Special Registry examinations (e.g. Agent Orange, Gulf War);
- Care for a non compensable service-connected condition

Veterans should contact their local VA health care facility to learn if any other exceptions apply to them.

What happens if a veteran who is not enrolled in the VA health care system requests VA medical care?

If VA determines a veteran has a condition requiring immediate treatment, VA will provide medical treatment on a humanitarian basis. VA must charge a fee for such care if the veteran is not otherwise eligible for such care.

What if a veteran is catastrophically disabled?

Catastrophically disabled veterans, who would not otherwise be eligible for enrollment due to VA's enrollment restrictions, will be assigned to Priority Group 4 thereby affording enrollment. To request an evaluation, veterans can contact the enrollment office at their local VA health care facility.

What if a veteran has lost his/her job or is suffering other financial distress?

A veteran whose projected household calendar year income is below VA's established means tests thresholds may apply for a VA Hardship thereby affording enrollment status for that year. Veterans should contact the Enrollment Coordinator at their nearest VA health care facility for more information.

Are there any special benefits for recently discharged combat veterans?

Yes, recently discharged veterans who served in combat locations can receive cost-free health care for conditions potentially related to their service for five years after their release from service. Unless eligible for a higher enrollment Priority Group, these veterans are placed in Priority Group 6. Veterans should contact the Enrollment Coordinator at their nearest VA health care facility for more information.

What is the Geographic Means Test used for Priority Group 8 veterans?

Congress wanted to grant relief from making VA copayments for certain veterans with marginal incomes, recognizing that income alone is not always a fair measure of one's standard of living because of the sometimes large differences in the cost of living in different areas of the country. Congress modified VA's system of determining a veterans' enrollment status and ability to pay for certain health care by creating a geographically-based income limit. Inpatient copayments are reduced for those veterans whose income falls below these new geographic income thresholds. The geographic income thresholds are adjusted for all standard metropolitan statistical areas (SMSAs) and are updated periodically to reflect economic changes within the SMSAs. The geographic means tests are based upon the geographically based income threshold set by the U.S. Department of Housing and Urban Development (HUD) for public housing benefits. Information about the geographic income thresholds is available at <http://www.va.gov/healtheligibility/Library/pubs/GMTIncomeThresholds/>.

Who should a veteran contact with questions concerning enrollment priority or eligibility for VA health care?

For more information about enrollment and eligibility for VA health care, veterans are encouraged to contact VA's Health Benefits Service Center toll-free at 1-877-222-VETS (8387) or via the internet at <http://www.va.gov/healtheligibility>. Veterans can also contact their local VA health care facility.